TRICARE Europe COMPASS

TRICARE Europe
Unit 10310
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FROM THE DIRECTOR...

by Col Debra Cerha, USAF
Executive Director, TRICARE Europe

Happy New Year to you all. I hope the holiday season afforded you some quality time with family/ friends. The beginning of a New Year signifies to me an opportunity to do two things:

- Reflect on the past year—both successes and areas that can be improved, and
- An opportunity to renew my goals and action plan. Based on lessons from the past, it is an opportunity to charge forward with a renewed sense of purpose.

So, I would like to reflect/share with you one event from the past year — the visit to our theater by Dr. James Sears, Executive Director of the TRICARE Management Activity. It also helps me keep my promise from the last issue of the COMPASS to give you more information on Dr. Sears' visit!

The visit encompassed a number of opportunities for Dr. Sears to receive briefings from TEO and the Component Services/Unified Commands; visits to senior leaders of all Services/Commands to assess their TRICARE concerns and to offer his support to help give them what they (and their airmen/soldiers/ sailors/marines) need from their healthcare system; site visits to bases throughout the theater; and at each location, focus groups with beneficiaries of all types,

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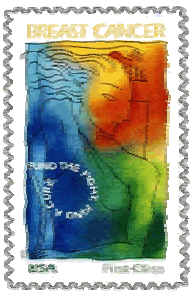
Colonel (Dr.) Peach Taylor, Jr., Command Surgeon, HQ USAFE, greets Dr. James T. Sears, Executive Director of the TRICARE Management Activity, prior to meeting with General John Jumper, Commander, USAFE, at Ramstein Air Base in October 1999.

TRICARE EUROPE BREAST HEALTH PROGRAM



by Maureen Sherman, Breast Health Program Coordinator

Breast Cancer Awareness Month Overall Review

Medical facilities throughout the European region sponsored a variety of activities during October's recognition of Breast Cancer Awareness (BCA). In many areas, there were educational booths with health, wellness and breast cancer information materials available to all. There were presentations, luncheons, breakfasts and many other programs educating the public on breast cancer. Each site presented their individual programs with the goal of educating as many people as possible on breast cancer and to make everyone aware of the benefits of early detection. Many of the events turned out to be as much fun for those doing the work as for the participants. After each of the programs is highlighted, we will present the lessons learned this year. We hope that this will assist in next year's preparation for the best Breast Cancer Awareness program ever.

Breast cancer educational materials and CD-ROMs were offered at Landstuhl, Aviano, Ramstein, Incirlik, and many other sites. A Breast Cancer Awareness display was set up for the Ramstein Officers' Club Brunch on the 17th of October and for the Officers' Wives' Club International Breakfast on the 13th. Well-attended luncheons were also held at Würzburg, Geilenkirchen, Lakenheath and Mildenhall. Aviano held a Women's Tea which was attended by a number of beneficiaries.

Educational display booths were set up by TRICARE Europe Breast Health Awareness Program personnel at most of the sites, providing free pamphlets, brochures and educational tips on breast cancer, breast self exams and mammograms. The booths were set up in many commissaries and BXs throughout Europe. At Ramstein, there was a booth at the Golf Tournament on the 8th of October to help educate individuals about breast cancer.

Stuttgart, Landstuhl, and Heidelberg were a few of the sites offering free mammograms during October for those who met certain medical criteria. Rhein Main Air Base as well as La Maddalena and Stuttgart offered educational classes in self breast exams.

Because health promotion is an intricate part of preventing breast cancer, many of the sites had walks and runs to help promote breast cancer awareness. Landstuhl and Ramstein jointly sponsored a 5K walk on October 2nd. Geilenkirchen also held a BCA walk while Aviano and Naples held runs. Many of the other sites conducted their own versions of walks and runs. Every site that participated agreed that this was one of the best ways to promote awareness and that it was fun and healthy for all the participants.

Many of the sites offered educational presentations. Rota had a BCA presentation to spouses given by a surgeon and a pathologist. Rota also offered a CME presentation on the 22nd of October, while La Maddalena offered breast self exam classes every Friday throughout October. Stavanger, Norway had a Women's Health Forum with breast cancer education one of the issues discussed. Sigonella had a good turnout for their educational booth at the October Fest celebration.

All the activities held last October have provided us all with some lessons learned for next year's Breast Cancer Awareness programs.

- The first lesson learned was to start preparing early. The earlier you start the better. Starting early provides time for arranging speakers, and obtaining pamphlets and educational supplies.
- Another valuable lesson learned is the importance of advertising early and often. The great response to luncheons and brunches spoke for themselves. It is a great way of getting large numbers of people to attend educational programs.
- It was also discovered that invitations from groups such as the Officers Wives' Club or the Women of the Chapel bring good gatherings.
- Last but not least, always have a back-up plan! Weather, other planned base activities, lack of response to a planned activity — all may interfere with carrying out your BCA functions. Be prepared with other ideas or "rain dates" if necessary.

And remember, although we work to heighten awareness of the importance of breast self exams and mammograms during October's Breast Cancer Awareness programs, we all need to continue our education efforts throughout the year. ■

The TRICARE Europe COMPASS is published quarterly by the office of the TRICARE Europe Lead Agent. If you have questions or concerns, or would like to see specific articles or information in the COMPASS, please contact Sue Christensen, TRICARE Europe Public Affairs Officer, at DSN 496-6315 or commercial (49)-(0)6302-67-6315 or e-mail sue.christensen@sembach.af.mil. Comments, suggestions and article submissions are welcome.

Director's Comments - continued from page 1

active duty, family members, retirees, first sergeants/ commanders. The purpose was to give him "an up close and personal" understanding of our European Area of Responsibility (AOR). Even though Dr. Sears and his staff were fighting jet lag, he approached each day and meeting with boundless energy.

Because of those meetings, we heard a number of things we need to do to make TRICARE more responsive to our beneficiaries. Though some of the things in this list are predictable, we sometimes need to be reminded so we can keep them in our sights:

- Continued emphasis on TRICARE training for MTF staff
- Portability is still a major issue for TRICARE Europe Prime members (primarily back to CONUS)
- Lack of consistency/standardization of practices in the Patient Liaison Program
- In general, our beneficiaries have difficulty accepting use of foreign providers (language barriers, cultural differences)
- Dr. Sears emphasized need to use terminology other than "disenroll" when folks are PCSing. We need to stress the concept of "transferring enrollment" upon a PCS move (i.e., the only true disenrollment is when someone decides they no longer want TRICARE Prime; otherwise, they are simply transferring their Prime membership from one region to another)
- We can never do enough marketing, education or training with our beneficiaries on TRICARE benefits/program
- Active duty access to care: numerous issues to include variation in Service policies and perception of difference in application of access standards

Through all of this, though, I was most impressed with how Dr. Sears dealt with the beneficiaries — with honesty, sincerity and compassion. He never raised unrealistic expectations by promising them things that were not realistically/fiscally possible, and he was honest about the facets of the TRICARE system that are not working and what the plans are for change. His compassion was evident as he listened to their concerns — and he was a passionate advocate for ensuring a healthcare system that works for beneficiaries of the Military Health System.

As a result of this experience, I was reminded of something I read in the book "The Customer Is King" (by R. Lee Harris), "…passion can't be taught, however it can be caught!" Though I was exhausted from the travelling and late hours we were keeping, my passion for our healthcare system was renewed. We are fortunate to have Dr. Sears' leadership through these challenging times!

Dr. Sears discusses TRICARE issues with a beneficiary panel in Izmir, Turkey in October 1999.

Now as I look forward to the new year and what faces the TRICARE Europe program, we have many challenges: claims processing management, implementation of the TFMDP-OE, improved management of the quality of the PPN and assessment of PPN satisfaction to name a few. But, I continue to believe our biggest challenge is continued improvement of customer service to our clientele — and finding a way to have each and every one of the individuals involved in delivery of the TRICARE Europe benefit "catch" the Dr. Sears passion. Passion for the success of TRICARE and for the caring/compassion all of our beneficiaries deserve. By being passionate advocates of TRICARE (or as they said at the Customer Service Conference last November, TRICARE Zealots), I am confident our program will continue to improve and will soon be viewed as an overall success! ■

All of us at the TRICARE Europe office wish you and your families good health and happiness throughout the New Year.

clip and save!

TRICARE Europe Office Phone Numbers

Division	DSN
Admin Office	46-6312/6314
Public Affairs/Marketing	496-6315
Operational Management Support	496-6316
Health Plan Evaluation	496-6362
Customer Support Services	496-6320
Information Systems & Analysis	496-6322
Prevention & Health Promotions	496-6325
UM/QM	496-6324
Breast Cancer Program	496-6336
Dental Program Manager	496-6358
TEO Office Fax	496-6372
Fax for Customer Services	496-6374
Fax for Breast Cancer Coordinator	496-6377

Prevention and Health Promotions

by LTC Analiza Padderatz, USA
Prevention and Health Promotion

What's New With the National Mail Order Pharmacy?

Heeding the concerns voiced by overseas beneficiaries with timely service problems from the National Mail Order Pharmacy (NMOP), Health Affairs has issued a change-in-use decision regarding the requirement for 75% consumption of medication before refill. The old policy required that 75% of a supply must be used before processing a refill. The new policy allows a refill to be sent to an APO or FPO address when the medication is at the 50% use rate. This should alleviate the problems associated with running out of medication. This policy has been changed for all users of the National Mail Order Pharmacy with APO or FPO addresses. This new procedure is in place at Merck Medco.

A number of questions have been raised about the availability of the drug, Viagra. The NMOP customer service department provides the following about Viagra:

- Current policy allows for Viagra to be obtained from the NMOP only with DoD pre-authorization. The prescribing physician must call 1-800-417-1915, answer a series of questions and then a decision will be made whether to authorize the purchase.
- Guidelines limit Viagra prescriptions to only six pills a month per patient, and the DoD will not replace lost or stolen pills.
- The medication may also be purchased at the beneficiary's own expense through a civilian pharmacy.

Further details are available on the TRICARE/Health Affairs web site at http://www.tricare.osd.mil. You may also call the NMOP at 800-903-4680 or 001-614-421-8211. ■

Self-Care Books Are Here!

TRICARE Europe recently (FY 99) funded a large purchase of the books "Take Care of Yourself' and "Taking Care of Your Child" to support MTFs self-care programs. These manuals are in theater and are being distributed via MPS as this goes to publication.

When distributing these books to beneficiaries, please remember:

1. The purpose of the Self-Care Program is to educate beneficiaries on:
   - measures for self-care for minor illnesses,
   - prevention steps for keeping their family healthy, and
   - the use of over-the-counter medications.

   The program helps redirect demand for ambulatory services to appropriate level of care and reduce unnecessary provider and ER visits.
2. Beneficiaries should attend an instructional class before the book is given to them. Suggested instructors include health promotion and community health personnel or appropriately trained representatives. This is to ensure all beneficiaries understand the information contained in the books and know how to properly use them. Historically, these classes should last approximately 20-30 minutes, instruct beneficiaries on the use the of book's flowcharts, and record the names of those who receive the manuals.
3. TEO has also received copies of the "Taking Care Program Facilitator's Manual" and video. MTF POCs that need one may request it by calling DSN 496-6325 or by sending an email to analiza.padderatz@sembach.af.mil.
4. Upon request, self-care program managers should be prepared to provide information on self-care manual distribution to the TRICARE Europe Office. Tracking of these limited and valuable resources is very important to ensure these programs reach as many beneficiaries as possible. ■

Question: Can the Personal Health Advisor (PHA) provide 24-hour suicide coverage?

We've had a number of inquiries about whether the Personal Health Advisor nurse advice line can handle calls from beneficiaries who exhibit signs of severe depression or suicidal tendencies. Here is the answer.

Access Health (Personal Health Advisor contractor): The PHA Call Centers operate with a twenty-four hour Crisis Policy in place. The PHA staff is trained to recognize indications for crises referral and will refer callers accordingly. However, they are not set up to act as primary points of referral for suicide prevention. This would be better handled by a Mental Health facility.

TEO: In addition to referring calls to appropriate military medical facilities, the Personal Health Advisor also offers related topics within the AudioHealth Library that address the subject of depression and suicide. Some of these topics are:

2059	Grief
2057	Depression
2055	Anxiety
2060	Stress
2066	Thinking of Suicide?

TRICARE Host-Nation Care and the Authorization Process

by Lt Col Elizabeth Robison, USAF
Chief, Clinical Support Services-UM/QM

Medical consumers not only seek care from our military facilities, but many times are provided information either through advertisement or other sources on host nation resources. Some of the advertisements will list the facility or provider information as being in the TRICARE Preferred Provider Network (PPN).

Being part of the PPN means that an administrative process has occurred to identify providers who are seeing or would like to see TRICARE Europe patients. Using the term "TRICARE Preferred Provider" does not mean TRICARE covers all the services they provide. Consumers may believe that this stamp of approval means that the services provided by the PPN will be covered by TRICARE.

Therefore, it is important for MTF personnel who may become involved in the process of referral management to a civilian host nation facility or provider to always guide beneficiaries on the importance of working that referral through the local TRICARE Service Center (TSC).

The team of professionals working at the TRICARE Service Centers can help with providing information about the TRICARE benefit and the process for accessing the care. The TSC not only is involved in guiding the beneficiary on the authorization process for different referrals, but can assist in providing information on what is covered under the TRICARE Basic Benefit Program, which is outlined in 32CFR199.4.

Like any benefit program, there are limits to what is covered. Additionally, the overseas environment presents more challenges, since the TRICARE benefit is based on the US healthcare system. Some procedures and tests, although common in the host nation country, may not be approved by TRICARE.

Informed beneficiaries, guided by informed MTF staff, are critical to the success of the TRICARE program. ■

Civilian Care Appeal

COL (Dr) Robert Larsen
Medical Director, TRICARE Europe

What happens when a patient receives authorized care from a host-nation physician for a covered benefit, but after the fact, it is discovered that the specific procedure carried out by the host-nation physician is excluded by TRICARE?

This is just one of the many challenges that patients and the TRICARE Service Centers may face as needed care is obtained within the host-nation health care system. In a recent case, a physician operated on a TRICARE beneficiary and carried out a procedure consistent with the host-nation standard of care. When the claim was submitted, it was denied because the particular operation performed was not covered by TRICARE. Communication occurred between the physician and WPS, but the issue was not resolved. The physician declined to provide additional follow-up care to the beneficiary because of non-payment of the original claim.

The Managed Care Office at the patient's MTF notified the TRICARE Europe Office of this situation and maintained contact with the patient as the issue was addressed. Because an appeal had already been denied due to a delay greater than 60 days, TEO contacted TMA, explained the complex issues involved in this case and explained that this procedure met host-nation standard of care. TMA was then able to work with WPS to resolve the claims dispute.

Cases like this one, though complicated and time consuming, illustrate that cooperative efforts involving MTF staff and TEO can make a difference for our beneficiaries. It also illustrates the importance of the beneficiary and TRICARE Service Center working together to determine whether procedures offered by civilian providers are actually TRICARE-covered services. ■

TRICARE Europe Medical Claims Processor

Send all ***active duty*** claims to:

TRICARE Europe
WPS - Active Duty Claims Processing
P.O. Box 7968
Madison, Wisconsin 53707-7968, USA

Send all ***active duty family member*** claims and ***TRICARE Standard*** claims to:

TRICARE Europe
WPS - Claims Processing
P.O. Box 8976
Madison, Wisconsin 53708-8976, USA

Send all ***correspondence*** (questions on claims, etc.) to:

TRICARE Europe
WPS - Correspondence
P.O. Box 7992
Madison, Wisconsin 53707-7992, USA

In response to media reports regarding opposition to the Anthrax program, the following article is reprinted.

ANTHRAX

by Maj. Guy S. Strawder, Deputy Director for Current Operations, Office of the Surgeon General Former Director, Anthrax Vaccine Immunization Program

(Reprinted from the Army Medical Department *Mercury*)

By now most everyone has read, heard or seen something about anthrax and the Defense Department's efforts to protect its service members. With the possible exception of Oprah and Jerry Springer, everyone is talking about anthrax - virtually every major television network, magazine and newspaper both in this country and abroad has covered the issue.

What is often glossed over in these stories, however, is just how deadly serious this threat has become in the business of contemporary warfighting. Make no mistake about it: biological warfare (BW) is a "growth industry," particularly in countries trying to counter the technological superiority of the United States military.

In the wake of the Gulf War, we discovered that Saddam Hussein had manufactured enough weapons-grade anthrax to kill every man, woman and child on Earth several times over. Iraq conducted live weaponization tests with anthrax shortly before the coalition's ground offensive and deployed warheads loaded with the agent to several forward storage locations in December 1990. Serum testing of defectors from the Iraqi Republican Guard revealed evidence of anthrax antibodies and of Saddam Hussein's intent to introduce the American soldier to the horrors of biological warfare.

In 1992, Boris Yeltsin admitted that the former Soviet Union had maintained a huge BW capability. An accidental release of anthrax spores from a production facility located 1,400 kilometers east of Moscow killed an estimated 70 people in 1979. The release of deadly spores was estimated to be less than one gram - or about the weight of a single paper clip.

The threat is perhaps even more ominous today. At least 10 of our potential adversaries are suspected of weaponizing anthrax. Radical Islamic fundamentalists and other terrorists, including Osama bin Laden, have been very vocal about their contemplated use of biological agents. Only four years ago, the Japanese terrorist cult Aum Shinrikyo experimented with the release of anthrax on several occasions before resorting to the use of sarin gas in their deadly attacks on Tokyo subways.

R. James Woolsey, former director of the CIA, stated in a recent interview with the New York Times that biological warfare is "the single most dangerous threat to our national security in the foreseeable future."

There is no doubt that anthrax is a grave and urgent threat to our soldiers today, right now. You can't see it, taste it or smell it, and it's difficult to detect under the best of battlefield conditions. If you are unvaccinated and inhale enough anthrax spores, you will almost certainly die. By the time you develop the first symptoms of the disease, there is very little that anyone can do to save your life.

Fortunately, American medicine has provided a vaccine that, in combination with protective suits, detection, and surveillance instruments, significantly reduces our risk.

Let me be clear about one simple point - this is an ordinary vaccine. Just like your yellow fever shot or that jackhammer full of gamma globulin that you've had to take prior to major deployments or assuming mission cycle. This is no different.

The anthrax vaccine has been licensed and approved by the Food and Drug Administration and used safely for almost 30 years. I know people who've taken more than a dozen anthrax vaccinations - one has been taking this vaccination for more than 20 years! Despite the science fiction you hear, they are all healthy, they can still procreate, they haven't developed male-pattern baldness, and they don't suffer from mysterious ailments.

The Centers for Disease Control and Prevention, the World Health Organization, the Armed Forces Epidemiological Board, the American Public Health Association and virtually every public-health organization in this country recommend this vaccine for people whose jobs put them at risk.

The military's Anthrax Vaccine Immunization Program (AVIP) Agency consults regularly with the Department of Health and Human Services and with clinicians who represent the Mayo Clinic, Johns Hopkins University, George Washington University and other private-sector organizations on all aspects of program execution.

For nearly 13 months as director of the AVIP Agency, I continuously analyzed, critiqued and reviewed this program to the gnat's eyelashes. I personally investigated every criticism and claim of indiscretion.

I found most of the hand-wringing, myths and bizarre allegations were generated by a very vocal minority whose objections frequently have nothing to do with either medical science or the safety and effectiveness of this vaccine. If indeed this debate is genuinely about the safety and effectiveness of the vaccine, then where is the outrage from the medical community?

Members of one of the prominent opposition groups proudly characterize themselves as "radical docs," who believe that protection against biological warfare can only be achieved through total abolition of these weapons of mass destruction. Certainly a worthy goal if we could just convince international terrorists and rogue nations to comply with existing international treaties.

While the U.S. has disbanded all offensive BW programs, the number of countries that continue to

Anthrax – continued from page 6

develop this capability has doubled in the last 25 years - in blatant violation of the 1972 Biological and Toxins Weapons Convention.

Another group opposes the AVIP because they believe that a more effective way to deal with the threat of biological weapons, such as anthrax, is for the U.S. to dismantle its nuclear-weapons capability. Some oppose mandatory immunization because it violates their libertarian ideology. And there are some fringe groups that believe we are spreading a virus through vaccinations that will weaken our military and allow the uprising of the New World Order.

Groups in opposition to the AVIP don't face the dangers we must. They stand to lose very little by committing young men and women unprotected into a combat zone. Conversely, those of us who do this for a living, those of us who have children and spouses in uniform, and our esteemed combat veterans all have a profound interest in the health, welfare and success of service men and women.

Certainly there are honest, patriotic Americans who believe the anthrax immunization program is a mistake, or even dangerous. Their concern is sincere but misplaced, because they are working with misinformation.

The Internet is a wonderful innovation that puts a world of information at our fingertips; unfortunately, with the good comes the bad and the Internet can often seem like a giant bathroom wall of graffiti - if you're not careful, there's no telling what kind of garbage you'll find on it.

There is a clear threat of biological warfare. We have a vaccine that is licensed and approved by the FDA and recommended for use by the medical community for those at-risk to exposure. These facts beg a single, simple question - if our soldiers were targeted with anthrax and died by the thousands because we failed to vaccinate the force, how could we ever justify those losses to their children, their spouses, and the American public? The answer is, we couldn't - failure to protect our forces against a known threat would be nothing short of criminal negligence and dereliction.

Nothing is more unsettling than seeing service members jeopardize their careers and the readiness of their units simply because of bogus rumors. If you want to know the facts, www.anthrax.osd.mil, the AVIP website, is an excellent resource providing everything you want to know about the program and more.

If you want to speak directly to a member of the AVIP Agency, it operates a toll-free information line at 1-877-GETVACC. I strongly encourage you to take advantage of these resources. This organization is entirely composed of active-duty service members and veterans from every branch of service - and I guarantee you there isn't a question they can't answer. ■

GAO Reviews TRICARE Overseas Program

by CDR Cindy DiLorenzo
Director, Health Plan Evaluations

The General Accounting Office (GAO) announced their review of "Implementation of TRICARE Overseas" in August 1999. This is a follow-on study to their July 1995 published report "Problems With Medical Care Overseas Are Being Addressed." In their 1995 report, the GAO concluded the following, "Military health and dental care professionals are working long hours attempting to meet beneficiary demands that are greater than military facilities are staffed to provide. Even though some of the strain placed on medical and dental resources may decrease slightly as the beneficiary population in Europe continues to shrink, the military medical facilities in Europe will not have the capacity to handle all care to eligible beneficiaries. Nor does it appear practical to staff and maintain enough military medical facilities to meet the peacetime health care needs of all eligible beneficiaries…Therefore, beneficiaries' use of host-nation medical care will continue and may increase…DoD has been slow to address the problems confronting military beneficiaries. In our view, though, the steps that have been taken are directed towards alleviating the major concerns of most beneficiaries. Because of these actions, we are not making any recommendations."

The GAO Study Team will be doing on-site visits to … MTFs in the TRICARE Europe area of responsibility beginning 14 February 2000 … until 4 March 2000.

The purpose of the GAO's current study is to identify the success of the actions DoD has taken in the last 4 years to implement TRICARE in Europe and the Pacific. The GAO Study Team will be doing on-site visits to some of the MTFs in the TRICARE Europe area of responsibility beginning 14 February 2000 and they will be in theatre until 4 March 2000. During the past 6 months, the TRICARE Europe Office staff has had a VTC with the GAO Study Team and many telephone conversations responding to numerous data requests and questions regarding the health care resources in TRICARE Europe. The GAO Team has also interviewed 3 of the MTFs in theatre. Their specific focus to date has been on staffing and services available in the MTFs, the cost of health care, both inside the MTFs and in the host nation, the establishment and quality of the Preferred Provider Network, and the satisfaction of the beneficiaries with their health care in Europe.

The GAO Team will be providing an outbrief to the Lead Agent on Friday 3 March 2000. We will provide a summary of this outbrief in the next issue of the COMPASS. ■

A Customer Service Success Story

by LTC Dennis Doyle, Managed Care Officer, LRMC

Landstuhl Regional Medical Center (LRMC), Landstuhl, Germany has taken customer service to a new level through the development of its Referral Coordination Service (RCS). Now 6 months old, the RCS began as a performance improvement initiative to provide assistance with patient referrals, administrative support, transportation and lodging for patients referred to LRMC from embassies, geographically separated units and other military treatment facilities throughout Europe and Southwest Asia. The RCS is jointly staffed by Air Force and Army personnel (total = 3) and organized under the Managed Care Division. The RCS has three primary goals:

- Reduce costs associated with lengthy patient visits
- Reduce lost time for active duty service members
- Enhance customer service to healthcare consumers

A recent analysis of the first six months of operations attests to the service's success. During that time 470 patients received assistance with over 600 outpatient appointments at LRMC. The number one RCS customer was Incirlik Air Base, Turkey. The average time lost before or after an appointment has dropped from 6.4 days before the RCS opened to 4.1 days. This represents almost 1100 days of manpower returned to units and temporary duty cost avoided. The RCS also conducts patient satisfaction case studies to ensure that respect and caring are maintained throughout the referral and treatment process.

With an emphasis on marketing, the RCS expects business in the future to be even better. Although focused to date on patients coming to LRMC, the next level of effort will be to extend this "door to door" coordination service from Landstuhl to CONUS. In a very short time, the Referral Coordination Service has come to exemplify the hospital motto " One Healthcare Team – Selfless Service." ■

Annual Health Care Survey

CDR Cindy DiLorenzo
Director, Health Plan Evaluations

The Health Care Survey of Beneficiaries is a large scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense for Health Affairs and the TRICARE Management Activity. The survey was Congressionally mandated under the National Defense Authorization Act for fiscal year 1993. The purpose of the survey is to ensure that satisfaction of MHS beneficiaries with their health plan and health care is regularly monitored. The survey was first fielded in 1995. The results of the survey for 1998 are on the web at http://www.tricare.osd.mil/survey/hcsurvey/default.htm. We urge you to go to this web site and review the survey results.

Areas of good news from the 1998 Annual Survey in Europe include an increase in the satisfaction with military care. The overall proportion of Europe beneficiaries who were satisfied with MTFs increased from 61% in 1997 to 66% in 1998. Understanding of TRICARE improved in TRICARE Europe as well. In 1997, 32% of those surveyed said that they did not understand TRICARE overall. In 1998, only 24% of those surveyed had no understanding of the TRICARE program. MHS delivery of preventive services in Europe meets or exceeds the goals set by *Healthy People 2000* for hypertension screening, breast and cervical cancer screening, and prenatal care.

Some of the less-than-good news from the 1998 Annual Survey is that there is still a great deal of dissatisfaction with access to health care and the length of waiting time at the MTF to see the PCM.

Reviewing the results of the 1998 Annual Survey on the web will allow each MTF to focus on those areas where there is less satisfaction than each MTF would like and to identify processes to improve those areas. The MHS is committed to making the TRICARE Program the health plan of choice for our beneficiaries. By focusing on those areas with which our beneficiaries are less than completely satisfied will help ensure our continuing improvement and attainment of the MHS goal. ■

After Y2K

In Aug 1999, The TRICARE Europe office established a TRICARE Europe Y2K working group, its purpose to establish a methodology for assessing the Y2K preparedness of host-nation medical facilities used by military beneficiaries and to distribute information on Y2K issues throughout the European AOR.

From 29 Dec 99 through 3 Jan 00, each Component Service's Surgeon's office was staffed to respond to any possible Y2K issues. The Services' Surgeons had established reporting processes for their medical facilities so that they would be notified immediately if any significant Y2K problems occurred, resulting in the interruption of health care for our beneficiaries or causing a serious threat to our ability to respond to any medical contingency in theater.

As anticipated because of the high level of preparation prior to 1 Jan 2000, there was no interruption in health care delivery due to Y2K related problems at any of the military medical facilities in our theater. No one reported any significant Y2K issues from any of the host-nation medical facilities used by beneficiaries. Health care delivery in our theater continued with the same quality, effectiveness and efficiency of operations as it always has. Thanks to the efforts of the Y2K working group and all of the staff involved in the planning and preparation, January 1st, 2000 was just another day. ■

CUSTOMER SERVICES UPDATE

by Uli Engel, Customer Services

PROVIDER RECOUPMENTS

Sometimes providers are overpaid and WPS must request the money be paid back. In most instances, the providers will recognize that they have been paid incorrectly and voluntarily repay the funds. The system of funds transfer by civilian providers throughout Europe in most cases is done electronically.

The preference of DoD and WPS is that any funds to be paid back to WPS be by check. The repayment checks should be made out to WPS/CHAMPUS.

If a provider cannot issue a check to WPS they may wire transfer the funds in the following manner.

RECIPIENT BANK:
M&I Marshall & Ilseley Bank
Milwaukee, WI, USA
Swift: MARL US 44
TELEX: TRT 190470 Maril Mil

Instruct the bank that further credit is to be made to:

FINAL RECIPIENT BANK:
M&I Madison Bank
Madison, WI, USA
ABA#: 075911205
Account Name: Wisconsin Physician Service/CHAMPUS
For family members: Account #: 121-67991
For AD members: Account #: 57-24697

Note: The above account numbers are subject to change at the beginning of each fiscal year. Please be sure to tell the provider to include the claim number when wiring funds. All fund-wiring fees will be borne by the recipient of the funds, i.e. WPS. ■

PROGRAM FOR PERSONS WITH DISABILITIES

The Program for Persons with Disabilities (PFPWD), (reference: 32 CFR, Part 199.5) was specifically designed to meet the needs of persons with disabilities. It provides financial assistance for active duty family members who are moderately or severely mentally retarded or seriously physically disabled. Benefits under this program are subject to pre authorization by the claims processor and the government payment is limited to a maximum of $1000 per month per family member and cannot be exceeded. If multiple family members require benefits under this program, the government may cost-share the entire remaining amount for all allowable services and items received under this program, in that month, by the remaining family members.

In the past, authorized equipment exceeding the $1000 limit under this program could only be prorated up to a maximum of 6 months, and the sponsor had to pay any amount above the $1000 per month ($6000 total) as well as any other additional benefits received under this program during these 6 months. Modified last year, the regulation now allows prorating equipment for an extended period. The maximum period is calculated as follows:

The number of months, calculated by dividing the initial allowable cost by $1,000 and doubling the resulting quotient. For example:

Equipment allowed — $15,000
$15,000 ÷ $1,000 = 15
15 x 2 = 30 months

In this case, the equipment will be prorated for 30 months and a cost of $500 will be applied towards the maximum amount of $1,000 per month, allowing that additional care could be rendered during the same month under this program. ■

INCORRECT DENIED CLAIMS

During recent research by the TRICARE Europe Customer Services staff on the incorrect denied claims issue (code “8” on the denied claims report), it came to our attention that for issue reason, sometimes other than codes 7, 8 or 9 are used (i.e., 4 and 6). The TRICARE Policy Manual, Chapter 12, Section 12.1 requires the claims processor to ***only*** read DEERS NAS reason codes ***7, 8 and 9***. If any other codes are used, WPS will not read that particular NAS and the claim will be denied. WPS initiated a second system fix on 20 November 99 so no more claims would be denied for lack of care authorization (NAS) when it was in fact out on DEERS. With this latest fix ***and*** using the appropriate codes, we shouldn’t see any more incorrectly denied claims. If you have any questions, please contact the Customer Services Office at TRICARE Europe. ■

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ACCESS MEASUREMENT TOOL

by Maj David Arose
Director, Information Systems

TRICARE is a systems philosophy. Managers must have in-depth knowledge of system components and their relationships to be effective. Knowledge relies in part on information, and information relies on data. The key to successfully providing a world-class health plan in TRICARE Europe for our beneficiaries is basing our decisions on reliable information grounded on good quality data.

The TRICARE Europe Office developed the ACCESS Measurement Tool, available on the TEO website, to assist MTFs in managing and monitoring access and the success of building continuity of care into primary care management. Some of the advantages of using the tool are:

- Managing clinic appointments
  - Viewing appointment availability 30 days in the future and 30 days in the past on a daily rolling time table
  - Viewing how effective appointment slots are used on the same time frame
  - Delineating appointment usage by the TRICARE standards of acute, routine and preventative
  - Effectively allocating TRICARE appointment types by usage
- Managing Primary Care Management (PCM) continuity of care
  - Following the percentage of time that beneficiaries are seen by their PCM
  - Following the percentage of time that a beneficiary is seen by one of the back-up physicians in the primary care team
  - Adjusting over time based on information effective techniques to increase percentage of time patients are seen by their PCM or back-up team. ■

A NEW PCM POLICY - INDIVIDUAL ASSIGNMENTS TO PRIMARY CARE MANAGERS BY NAME

COL (Dr) Robert Larsen
Medical Director, TRICARE Europe

In December 1995, Health Affairs published a policy, (HA 96-016, Policy Guidelines for Implementing TRICARE Primary Care Programs in the Military Health Services system) which clearly articulated the essential importance of the primary care manager (PCM) for the successful adoption of managed care principles. Primary Care was defined as first contact care, which is continuous, comprehensive, coordinated and accountable. The Primary Care Manager was defined as an individual or group/team of primary care providers to whom beneficiaries are assigned in order to receive comprehensive primary health care.

The implementation of the ideal PCM concept, where each beneficiary has their own provider who is familiar with their health care needs and assists them in adopting a healthy life style, has been challenging. The regular rotation of both providers and beneficiaries, as well as deployment requirements, are factors which complicate the smooth functioning of the PCM model. However, the PCM is still recognized as key to the overall success of the MHS and is an integral component of the recent emphasis on Population Health Improvement. Enrollment to a PCM is a critical first step in identifying and managing the healthcare needs of populations, both intervention and health promotion. In addition, a successful PCM lays the groundwork for implementing best clinical and business practices.

…the PCM is still recognized as key to the overall success of the MHS and is an integral component of the recent emphasis on Population Health Improvement

In Dec 1999, HA issued a New Policy Memorandum, Individual Assignments to Primary Care Managers by Name (HA Policy 99-033). Acknowledging the key role Primary Care plays in our Military Health System (MHS), this policy takes the next step in improving the service the Primary Care Manager (PCM) offers to the TRICARE Prime beneficiary. This policy moves beyond HA-96-016, which allowed for teams to function as the PCM, and requires that TRICARE Prime enrollees be assigned to an individual PCM by name. This new requirement is intended to improve patient satisfaction, preventive services, and coordination of care. Recognizing, however, that deployments, training and other contingencies will still result in periodic absences of the assigned PCM, the policy envisions the support of a Team of providers to provide continuity when the individual PCM is unavailable.

This new policy will challenge our primary care clinics to continue to improve continuity of care for our beneficiaries. The ACCESS Measurement Tool, which is available on the TEO Website, provides a mechanism for each Primary Care clinic to monitor their success in implementing this policy. The TRICARE Europe office will be working with the Services to help standardize the implementation of this policy, which is another fundamental step in optimizing the service we offer our beneficiaries. ■

PUBLIC AFFAIRS AND MARKETING

by Sue Christensen
Public Affairs

Status of Marketing Materials Order

There is a lot going on with the marketing program lately. Many changes will be coming up soon, with a goal of improving the process of getting current TRICARE benefit information to our beneficiaries.

1. First, we have a new part-time Marketing Assistant assigned to help with our program. Anne Beauchamp, an SAIC employee who has been working with the TFMDP, is now working 20 hours a week with the marketing program. Her email address is anne.beauchamp@sembach.af.mil, phone number DSN 496-6358.

2. **Passports**: Because of the very high cost estimate for the last (Oct) passport order, we have had to cancel the order. I know that many facilities have depleted all their stock of passports and desperately need them for their beneficiary education programs. For that reason, we have moved up the timeline for initiating the new passport process. I hope to get the requests in and place the order by mid-February.

   The new passport system will include the following:

   * small pocket folders (same size and look as the current passports), imprinted with the facility/location name
   * TRICARE Europe Passport or TRICARE Europe Prime Remote Passport, which will be inserted into an inside pockets
   * cards or sheets with facility-specific information such as phone numbers, services available, etc., also inserted into an inside pocket

Each facility will be responsible for keeping this information up to date and ensuring that the passport folders they give out to beneficiaries have the most current passport and facility sheets. They may modify the information as they wish - these are their pages with the information they feel is important to their beneficiaries. We suggest a staggered effect for these pages, so that the headings will show at a glance.

TRICARE Europe will update the two passports and will continue to print them (through Defense Automated Printing Service). We will still need to be notified of any TSC phone number changes so that we can update all our fact sheets and other materials that include TSC telephone numbers.

3. **TRICARE Brochures**:

   TMA has none of the active duty tri-fold brochures left in stock. They are reordering them but estimate about two months before they are available. The Marketing Office says they can start sending out the in-stock brochures immediately, so let's hope we start seeing boxes arriving in the next couple of weeks!

4. **TRICARE Europe Magnets**: I spoke to the TMA Marketing Office, and they anticipate mailing to start the first week in February.

5. **PHA Materials**: The PHA packets that were received in November have been returned to SAIC-Einsiedlerhof because the subcontractor made errors in printing the brochures, wallet cards and magnets. In the meanwhile, the PHA contractor, Access Health, has changed several of the toll-free phone numbers (such as the Germany PHA number) so we've also had to go back and update all the materials with the new numbers. SAIC is working hard to get all the changes made, proofs printed and approved and corrected materials printed. As soon as I have an estimated date of shipment, I will pass it to you. We still have the PHA packet order quantities from October and these orders have been placed. So, eventually, each facility will receive not only the corrected PHA packets from the April 99 order, but also the quantity they requested in the October 99 order.

6. **Other Marketing Materials**: TRICARE Europe Fact Sheets are on our web site and available to be downloaded and printed locally. DAPS can print them out in color if you e-mail them the document with your account information. We have just completed a Claims Processing Fact Sheet and will get it on our web site in the next couple of days so everyone can refer to it.

7. **TRICARE Standard Handbooks:** I have requested further information from the Air Force publications office at the Pentagon as to how our medical facilities can order their own supply of these handbooks. I had previously provided an e-mail address to order the books, but now it appears that this address is only for Air Force facilities. I will get back with you when I find out how everyone can order these books.

8. **Self-Care Books**: The order from last year is finally in theater. They should be delivered any time now. In future, we will order the self-care books at the same time we order all our other marketing materials. We will place another order in Apr/May this year. ■

Please feel free to contact me if you have any questions about our marketing or public affairs program. I can be reached at DSN 496-6315 or comm 49-6302-67-6315 or via e-mail at sue.christensen@sembach.af.mil.

TRICARE Europe Executive Steering Committee

Brig Gen Michael Kussman (Chair) .....Commander, ERMC
Col Peach Taylor, Jr. ..... Command Surgeon, HQ USAFE
CAPT R. Tom Sizemore III .....Fleet Medical Officer, CINCUSNAVEUR
Col Debra Cerha..... Executive Director, TRICARE Europe
Col Russ Kilpatrick..... Command Surgeon, HQ USEUCOM/ECMD
Col Cynthia Terriberry..... Chair, MTF Commanders Council
CAPT Robert A. Engler.....Chair, Dental Advisory Committee

TRICARE Europe Staff Changes

Departures...

Terry Rowe departed Europe for a new position in Florida in December 1999.

Arrivals...

Mark Judson arrived from Washington DC to work as a programmer in our Systems Division.

Good News...

Christine Ribble gave birth on 11 Jan 00 to a 5 lb, 8 oz baby boy named Joshua Christopher Ribble. Congratulations from the TRICARE Europe Staff!

LTC Ana Padderatz was selected for promotion to Colonel. Congratulations!

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Christine Ribble	Executive Secretary
SFC Sherry Mason	Superintendent, Admin Services
SPC William Thaxton	Administrative Services
CAPT Maureen Hogan	Deputy Director
COL (Dr) Robert Larsen	Medical Director, Director of Clinical Programs
CDR Cindy DiLorenzo	Director, Health Plan Evaluation
Lt Col Elizabeth Robison	Chief, Clinical Spt Svcs - UM/QM Mgmt
LTC Analiza Padderatz	Chief, Prevention & Health Promotions
LTC John Foley	Director, Operational Mgmt Support
LCDR Geri Haradon	Director, Customer Support Services
MSgt Ron Peoples	NCOIC, Customer Services
Sue Christensen	Director, Public Affairs & Marketing
Maj Dave Arose	Director, Info Systems & Analysis
Terry Taylor	LAN Administrator, Info Systems
Kurt Gustafson	Web Administrator, Info Systems
Mark Judson	Data Analyst, Info Systems
Ninette Crunkleton	Data Analyst, Info Systems
Jenny Huntsman	Data Analyst, Info Systems
Martin Hollingworth	Customer Support Services
Uli Engel	Customer Support Services
Maureen Sherman	Breast Health Program Coordinator
Dawn Mancine	Customer Support Services
Dr George Schad	Dental Program Coordinator
Anne Beauchamp	TFMDP/Marketing Assistant

TRICARE Europe

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OFFICIAL BUSINESS

DOD-OIM